United Nations E/ICEF/2008/19

Economic and Social Council

Distr.: General
21 July 2008

Original: English

For discussion

United Nations Children's Fund
Executive Board
Second regular session 2008
15-18 September 2008
Item 4 of the provisional agenda*

Revised annexes to the medium term strategic plan**

Annex I: **Results framework by focus areas**

Annex II: **Part 1: Integrated monitoring and evaluation framework**

Part 2: Key performance indicators

* E/ICEF/2008/16.
** Submission of this document was delayed because of the need for internal consultation.

08-43174 (E) 180808

Annex I: Results framework by focus areas

Focus area 1: Young child survival and development

Strategic intent – Countries acquire the capacities and systems to ensure the right of the child to survival, growth and development and to achieve the highest attainable standards of health.

Priority goals – Millennium Development Goal (MDG) 1: Eradicate extreme poverty and hunger (Target 1.C, Indicator 1.8: Prevalence of underweight children under five years of age); MDG 4: Reduce child mortality (Target 5.A: Reduce under-five mortality rate [U5MR] by two thirds between 1990 and 2015); MDG 5: Improve maternal health (Target 6.A: Reduce maternal mortality ratio [MMR] by three quarters between 1990 and 2015); MDG 6: Combat HIV/AIDS, malaria and other diseases (Target 6.C: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases); MDG 7: Ensure environmental sustainability (Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation).

Related goals and commitments – MDG 3: Promote gender equality and empower women (Target 3.A: Eliminate gender disparity in primary and secondary education); MDG 8: Develop a global partnership for development (Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries; Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications); Convention on the Rights of the Child (CRC): Articles 6 and 24; *A World Fit for Children* (Goal 1: Promoting healthy lives).

Key result area 1: Support national capacity to achieve MDG 1 by improving child nutrition through improved practices and enhanced access to commodities and services

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. More infants and young children receive appropriate complementary feeding.	1.1. Proportion of infants aged 6-8* months who receive complementary foods (disaggregated by breastfeeding status, gender and wealth quintile).	• Advocacy and technical support for development of national policies and guidelines on complementary feeding and early childhood care and development. • Research to identify social, cultural, economic and other motivational determinants for behaviour change. • Gender sensitive communication for behaviour change programmes. • Provision of commodities or support for development of national supply capacities on nutritional supplements for emergencies; moderate and severe	All programme countries, with special emphasis on those with high levels of malnutrition, micronutrient deficiencies and anaemia. Focus at the subnational level in countries with high disparities.

* This indicator was previously calculated for children aged 6-9 months. The new global recommendation, expected to be adopted in the second half of 2008, calls for the indicator to be calculated for children aged 6-8 months.

2. Effective micronutrient supplementation and targeted fortification programmes for young children are scaled up.	2.1. Number of countries with targeted programmes for prevention of anemia in children aged 6–23 months with iron or iron-containing multi-micronutrient supplements or food products.	malnutrition; and for eliminating micronutrient deficiencies. • Advocacy and technical support for development of appropriate food fortification legislations and for monitoring their enforcement and relevant programmes. • Community-level assessment, analysis and action processes ('triple A') on infant and young child feeding (IYCF) practices, and support systems and networks to establish community-based support for exclusive breast feeding, complementary feeding practices that include counseling. • Parenting programmes on appropriate feeding, psychosocial and cognitive development for children, with attention to newborns and children up to 3 years. • Increase exposure to early learning and psychosocial care through home visits; parenting/women support groups; integrated health; early childhood development (ECD) and nutrition materials; and promoting men's role in child care. • Design and conduct studies on the impact of responsive feeding on child survival, growth and development (CSGD). • Inclusion of psychosocial care into growth monitoring and promotion programmes. • Support partners to implement large-scale communication campaigns around food fortification, including iron supplements.	
3. Food and condiment fortification programmes for key micronutrients reach more than 80% of households.	3.1. Proportion of households consuming adequately iodized salt (disaggregated by wealth quintile).		

Key result area 2: Support national capacity to achieve MDGs 4 and 5 through increased coverage of integrated packages of services, improved practices and an enhanced policy environment			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
4. Increase and sustain coverage of high-impact preventive and outreach interventions for women girls and boys, using integrated campaigns, Child Health Days (CHD) and other mechanisms combining health, nutrition, ECD and water, sanitation and hygiene education (WASH) interventions.	4.1. Proportion of one-year-olds immunized against measles. 4.2. Proportion of one-year-olds who received 3 doses of combined diphtheria/pertussis/ tetanus vaccine (DPT3). 4.3. Proportion of one-year-olds who received 3 doses of Hib vaccine. 4.4. Proportion of children aged 6–59 months fully covered with 2 doses of vitamin A in the last year.	• Strengthen immunization services for polio, measles and maternal and neonatal tetanus and for introduction or expansion of coverage of new or underutilized vaccines that can reduce under-five mortality significantly. • Polio eradication efforts, including vaccine procurement, national immunization days, advocacy and resource leveraging. • Technical support for sector plans and budgets that are data- and outcome-driven; address major supply/demand bottlenecks; ensure civil society participation, especially of women and youth organizations. • Monitoring, disease and nutritional surveillance and surveys. • Data-driven and evidence-based advocacy. • Gender-sensitive communication for behaviour change programmes. • Promotion of birth-spacing. • Improve capacity for social marketing to improve household WASH practices and for water treatment products. • Strengthen Integrated Management of Childhood Illness (IMCI). • Strengthen community case management of diarrhea, pneumonia, fever and malaria. • Support scaling-up of cotrimoxazole prophylaxis for children exposed to HIV. • In partnership with the World Health	All countries with high U5MR and MMR at national and subnational levels, with a particular focus on 68 'countdown' priority countries. Focus will be at subnational levels in other countries with high levels of child- and maternal mortality and poor coverage for health services among children and women.
5. Ensure remaining polio-endemic countries become polio-free and any outbreaks are rapidly controlled.	5.1. Number of polio-endemic countries.		
6. Increase coverage and quality of clinical services, including for pneumonia, malaria, diarrhoea and acute malnutrition, for women, girls and boys, at facility and community levels, by strengthening health systems; supporting social and behaviour change; and making services more accountable to users by implementing	6.1. Proportion of children aged 0–59 months with suspected pneumonia: (a) taken to an appropriate health provider or (b) receiving antibiotics (disaggregated by gender and wealth). 6.2. Proportion of children aged 6–59 months with severe acute malnutrition that were admitted to a therapeutic feeding programme, in the community or in a health facility, in the last year (disaggregated by gender and wealth).		

community-based quality assurance systems.	6.3. Proportion of children aged 0–59 months with diarrhea receiving the recommended oral rehydration treatment [ORT] (disaggregated by gender and wealth). 6.4. Proportion of children aged 0–59 months with fever in the last 2 weeks receiving anti-malarial treatment (disaggregated by gender, residence and wealth).	Organization (WHO) and the United Nations Population Fund (UNFPA), support scale-up of basic and comprehensive emergency obstetric care (EmOC). • Support scaling-up of prevention of mother-to-child transmission of AIDS (PMTCT). • Support scaling-up of anti-retroviral treatment and treatment of opportunistic infections of women (including during pregnancy) and for children infected by HIV/AIDS. • Support linkages to primary prevention of HIV, particularly for adolescent girls. • Community-based care and support of HIV/AIDS-affected children, ensuring involvement of both men and women. • Support commodity and logistic assessments for CSGD at national and subnational levels. • Procurement, supply and distribution of essential commodities for scaling-up health, nutrition and WASH interventions. • Support early screening and diagnosis for childhood disabilities. • Support multi-sectoral adolescent health programmes. • Contribute to evidence base on equity and on scaling-up of integrated packages at the community level for reduction of maternal- and under-five mortality. • Contribute to evidence base on urban health, nutrition and water programming.	
7. Increase coverage and quality of maternal and newborn intervention packages, including maternal and neonatal tetanus immunization, early childhood development, antenatal care, skilled birth attendance and emergency obstetric care, by strengthening health systems; supporting social and behaviour change; and making services more accountable to users by implementing community-based quality assurance systems.	7.1. Proportion of births, attended by skilled health personnel (disaggregated by wealth quintiles). 7.2. Number of countries with iron-folate or micronutrient supplementation programs for prevention of iron-folate deficiency in pregnant and lactating women. 7.3. Proportion of women aged 15–49 years who were attended at least once during pregnancy by a skilled health provider (disaggregated by wealth quintiles). 7.4. Proportion of newborns and new mothers, who received a check-up by a trained or skilled provider within 2 days of delivery* (disaggregated by wealth quintiles).		

	7.5. Number of countries that have not eliminated maternal and neonatal tetanus.	• Support analysis of health systems bottlenecks.	
8. Increase by at least 50% the families and communities utilizing appropriate care and feeding practices and key WASH behaviours (using toilets, hand - washing with soap and home drinking water treatment) for CSGD, through social and behavior change approaches.	8.1. Proportion of infants aged 0–5 months who are exclusively breastfed (disaggregated by gender and wealth). 8.2. Proportion of newborn infants put to the breast within 1 hour of birth (disaggregated by gender and wealth quintiles). 8.3. Number of programme countries with additional development plans that include targets for scaling up improved family and community care for mother and child health, nutrition, and psychosocial and cognitive well-being. 8.4. Number of country programmes that have conducted gender analysis to identify gaps and challenges in family and community care. 8.5. Number of programme countries with national behaviour change communication programmes that promote correct and sustained hand washing with soap. 8.6. Proportion of the population using an appropriate water	• Parenting programmes on effective care seeking, and psychosocial and cognitive development for children with attention to newborns and children up to 3 years. • Promote use of parenting materials and curriculum of pre-primary education that encourage hand washing with soap and toilet use from a young age. • Child injury prevention (particularly focusing on accidents and drowning) through parental/community education and prompt primary care injuries (in countries where this is a significant cause of death). • Increase exposure to early learning and psychosocial care through home visits, parenting/women support groups, integrated health, ECD and nutrition materials, and promoting men's role in child care • Capacity building of outreach workers on maternal and newborn care. • Advocacy and technical support for national sector plans and budgets that are data- and outcome-driven, to improve family care practices, with special attention to gender roles. • Strengthen national plans and policies for achieving national targets for water and sanitation that meet or exceed MDG 7.C, reflecting equity concerns. • Analyse national budgets and expenditure, including trends.	

	treatment method (boiling, filtering or chemical treatment).	• Study and document cost-benefit/effectiveness of WASH interventions. • Participate in the development and operation of sector-wide approaches (SWAps) in health, nutrition and WASH. • Facilitate and enhance effectiveness of country-level aid coordination mechanisms. • Increase harmonization and alignment in areas of inter-agency collaboration. • Promote national health impact assessments of climate change and integrate climate considerations into technical advice on planning and performance of health sector. • Advocacy for increased resources for maternal, newborn, and child health, nutrition and WASH programmes. • Support to development of country investment cases for achieving MDGs 1, 4, 5, 6 and 7. • Leverage resources for maternal- and under-five mortality reduction, WASH and nutrition, in partnership with national governments, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI), UNITAID and other global funds. • Provide support for inter-agency 'Health 8' process.	
9. Increase to at least 80% the proportion of young children and pregnant women sleeping under an insecticide-treated mosquito net (ITN) and receiving appropriate anti-malarial drugs for treatment and prevention in all malaria-endemic districts.	9.1. Proportion of children aged 0–59 months who slept under an ITN the previous night (disaggregated by gender, residence and wealth).		
10. Increase the number of sectoral policies that support maternal, newborn and CSGD (health, nutrition, ECD and WASH).	10.1. Number of countries with legislation or provisions based on the international code of marketing of breast milk substitutes. 10.2. Number of programme countries that have discrete budget lines for sanitation and hygiene. 10.3. Number of countries with policies supporting community treatment of pneumonia with antibiotics.		
11. Ensure that poverty reduction strategy papers (PRSP), national budgets, United Nations Development Assistance Frameworks (UNDAF), government	11.1. Government expenditure on health, nutrition and WASH as a proportion of total government expenditure.		

* Note that neither the definition nor the data collection of this indicator has been standardized to date. However, a standardized international indicator is expected to be announced by fall 2008.

sectoral policies, plans and budgets (in health, nutrition, WASH and ECD) are evidence-based and support high-impact, measurable and synergistic interventions to achieve the MDGs.			

Key result area 3: Support national capacity to achieve MDG 7 (Target 7. C) by increasing access to and sustainable use of improved water sources and sanitation facilities

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
12. In all programme countries, scale up water and sanitation services in a sustainable and equitable fashion.	12.1. Proportion of the population using an improved drinking water source (disaggregated by residence). 12.2. Proportion of the population using an improved sanitation facility (disaggregated by residence). 12.3. Proportion of the population using a drinking water supply source from which one water collection round trip takes more than 30 minutes (disaggregated by wealth).	• Promote and support demand-led, community-led approaches in total sanitation. • In cooperation with key partners, promote and support water supply and sanitation services for low-income rural and peri-urban communities, schools, health posts and clinics. • Operationalize demand-responsive approaches to water supply, with increased emphasis on equity and sustainability. • Promote water safety on a national scale through promotion of household water treatment and safe storage. • With other partners, contribute to the elimination of dracunculiasis. • Strengthen and use the evidence base for WASH. • Build capacity at local, intermediate and national levels for WASH. • Study impact of water and sanitation, including climate-induced water stress on gender. • Analyse the impact of climate change on water resources, including ground water and	Comprehensive package in 60 WASH priority countries. In all programme countries, basic package of hygiene improvements, water safety, monitoring and emergency preparedness.

		rain water, and its programmatic implications. • Integrate climate risk into policies on water and sanitation sectors and promote inclusion of water and sanitation interventions in national plans and other national climate strategies. • Promote cost-effective borehole drilling, including manual drilling where appropriate. • Ensure sustainability of hand pump technology, including improving hand pump procurement and spare parts supply chains. • With WHO, manage and improve the Joint Monitoring Programme for water supply and sanitation to monitor and report on progress on the indicators of MDG 7, Target 7.C. • Strengthen national sector capacities for using monitoring in policy development, planning and resource allocation, including climate risk assessments highlighting worsening water availability and access constraints.	

Key result area 4: In declared emergencies, every child is covered with life-saving interventions (as per UNICEF Core Commitments for Children in Emergencies (CCCs)

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
13. In declared emergency situations, CCCs for young child health, nutrition and water, sanitation and hygiene fully implemented and overall cluster response planned and executed, in close coordination and collaboration with national and local authorities, and in accordance with the	13.1. Proportion of emergencies with rapid assessment of the situation of children and women conducted and monitoring and reporting systems operational within 2 weeks of onset. 13.2. Proportion of declared emergencies where CCCs for health, nutrition, water and sanitation and hygiene are fully implemented. 13.3. Proportion of declared	• Technical support for integrating communication for behaviour change in emergency preparedness and response. • Rapid assessment. • Coordinate for life-saving public health interventions in support of children and women and for the provision of infant feeding and nutrition rehabilitation services for children. • Interventions in the first six to eight weeks as specified in CCCs, such as immunization; training and social mobilization; vitamin A supplementation and micronutrient supplies; essential drugs; emergency health kits; ORT;	Manmade and natural disasters in all programme countries. Declared emergencies, as a part of the United Nations (UN) system, based on sectoral leadership.

principles for humanitarian action and the provisions of international humanitarian law.	emergencies where sectoral coordination and support obligations are met, including for cluster leadership, where cluster system is implemented.	• emergency shelter and family kits; and child and maternal feeding. • Interventions beyond initial response include establishment of essential health care services; home-based management of childhood illnesses; immunization; and other interventions related to health, nutrition, water and sanitation.	

Key partnerships

Governments: In all cases (except possibly acute emergencies and civil strife), UNICEF will exert every effort to strengthen and support national authorities in carrying out child survival and development activities and building capacities to sustain these functions in an equitable way. Bilateral development agencies of donor countries are also key partners.

United Nations system: WHO has a recognized global policy-setting, normative and coordination role in public health; collaborates with UNICEF, the Office of the UN High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) in emergencies; partners with UNICEF and others in the global maternal, newborn and child health partnership and with UNICEF on water quality and dracunculiasis eradication, together with the Carter Center, and the World Bank. WFP and UNICEF have increasingly complementary roles in emergency settings and provision of nutrition and food-based guidance. On maternal mortality reduction, UNICEF supports services for antenatal care, community-based delivery and newborn care, and plays a supportive role in joint programmes with WHO and UNFPA to increase coverage of EmOC. UNICEF collaborates with the World Bank on provision of technical support for improved planning and budgeting processes, especially at the central level, and in many joint initiatives. These include the Consultative Group for Early Childhood Care and Development (World Bank, UNESCO, WHO and international NGOs), UN-Water (a coordination group of 24 United Nations agencies involved in water and sanitation), and the Joint Monitoring Programme for Water Supply and Sanitation (UNICEF and WHO).

Global alliances: GAVI; Roll Back Malaria; Tropical Diseases Research (UNICEF, UNDP, WHO, World Bank); UNAIDS; Global Alliance for Nutrition (GAIN); the Flour Fortification Initiative.

International NGOs: Médecins sans frontiers; the Micronutrient Initiative; International Council for the Control of Iodine Deficiency Disorders (ICCIDD); the Network for Sustained Elimination of Iodine Deficiency (the IDD Network); Helen Keller International; Oxfam; World Alliance for Breastfeeding Action (WABA); International Baby Food Action Network (IBFAN).

Academia: Universities and research institutions are partners in regional and national capacity building, and collaborate on ideas, pilot interventions and testing for efficacy and effectiveness, to be scaled-up at country level, often with support of UNICEF. Partners include the Water and Sanitation Programme of the London School of Hygiene and Tropical Medicine; Water Engineering Development Centre (Loughborough University, United Kingdom); the International Water and Sanitation Centre (Netherlands); Water Supply and Sanitation Collaborative Council; the United States Centers for Disease Control and Prevention (CDC).

Private sector/foundations: Major partners include Unilever; Procter & Gamble; Bill and Melinda Gates Foundation; Rotary International; Skat Foundation; and United Nations Foundation.

National partners: National and local governments, NGOs, civil society organizations and, community groups.

Focus area 2: Basic education and gender equality

Strategic intent – Governments, communities and parents acquire the capacities and support necessary to fulfil their obligation to ensure the right of all children to free, compulsory quality education.

Priority goal – MDG 2: Achieve universal primary education. (Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling).

Related goals and commitments – MDGs 3 and 8; CRC Articles 28, 29; *A World Fit for Children* (Goal 2: Providing Quality Education). Education for All (EFA) Dakar Goals, except for adult literacy).

Key result area 1: Support national capacity to improve children's developmental readiness to start primary school on time, especially for marginalized children

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Increase to 20%, by 2015, the proportion of countries with appropriate policy, legislation and budget allocations aimed at universal school readiness.	1.1. Net intake rate for primary education. 1.2. Proportion of countries with universal school readiness policy. 1.3. Proportion of children starting school at the prescribed age increased, by at least 60% of the gap[1], to achieve 80% by 2011.	• Establish and maintain community-based early childhood care and education for children aged 3–6 years. • Parenting education and support, particularly for children affected by HIV/AIDS, disabilities and other special needs. • Encourage 'child-to-child' activities and behaviour change communication approaches as part of school readiness in communities. • Support developmental readiness interventions, including appropriate health, hygiene promotion, nutrition and other early interventions with primary school. • Develop and support national standards and assessment tools to monitor school and developmental readiness in ECD programmes. • Address gaps in service delivery for ECD and education through links with service providers reaching children under six years. • Advocate and support governments and partners on policy, legislation and increased investments to achieve universal school readiness.	All regions. Least developed countries (LDCs); middle-income countries. Countries identified as facing particular challenges by the report to the Committee on the Rights of the Child. Countries with high HIV-prevalence. All EFA-Fast Track Initiative (EFA-FTI) countries, including candidate ones.
2. Increase number of countries with quality standards for monitoring school readiness as a component of developmental school readiness from 53 to 80.	2.1. Number of countries with quality national standards and assessment tools for monitoring school readiness.		

[1] Using 2005 levels.

Key result area 2: Support national capacity to reduce gender and other disparities in relation to increased access and completion of quality basic education			
Organizational Target	*Indicators*	*Areas of cooperation*	*Coverage focus*
3. Reduce proportion of primary-school-aged children who are out of school by at least 60%.	3.1. Net enrolment rate and net attendance rate for primary and secondary schools (disaggregated by gender). 3.2. Number of countries that have abolished school fees for primary education (increased from 10 in 2007 to 15 in 2011).	• Global and national advocacy for free and compulsory education. • Identify, assess and analyse barriers, disparities and opportunities in basic education, through data collection and disparity analysis for access, progression, completion and learning achievement. • Support learning opportunities and reduction of discrimination against children who are out-of-school, HIV- and AIDS-affected, child labourers, late-starters, girls and children with disabilities. • Address learning needs of adolescents, including overaged students in primary schools, with particular attention to gender, indigenous and other population groups, through formal and non-formal options and establishment of equivalencies. • Support provision/equitable distribution of learning/teaching materials for education. • Support teacher education for post-primary education. • Social mobilization and behaviour change communication. • Lead United Nations Girls' Education Initiative (UNGEI). • Support EFA objectives through engagement with SWAps, the Poverty Reduction Strategy (PRS), EFA-FTI and national budget analyses. • In the area of post-primary education, assess potential to address issues of curriculum; certification and equivalences; teacher education; quality of learning environments; and monitoring learning achievement.	All regions. Particular efforts in countries with low enrolment, high gender gaps and high disparities; countries affected by HIV and AIDS; LDCs; and countries with low birth registration.
4. Increase transition rates for girls and boys in primary to secondary education, with a focus on disadvantaged children, in order to achieve universal (100%) transition rate by 2015.	4.1. Transition rate of girls and boys from primary education to secondary education		
5. Improve the gender parity index in primary and secondary education, to be on course for achieving full parity by 2015.	5.1. Gender parity index (at primary and secondary levels)[2]. 5.2. Number Of programme countries with education sector plans that aim to reduce gender and other disparities by 2011.		

[2] Based on net rates

Key result area 3: Support national capacity to improve educational quality and increase school retention, completion and achievement rates			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. Increase proportion of grade 1 cohorts (especially girls) who reach at least the last grade of primary school to 90% over the period.	6.1. Survival rate (cohort flow) to the last grade of primary school.	• Support campaigns to prevent and reduce school drop-out. • Support national policies and laws for re-entry of young mothers into education, and as a means for preventing child labour and child marriage. • Improve physical health, cognitive development and learning readiness of children (through school meals, anaemia and IDD reduction). • Promote standards for 'child-friendly' architecture, equipment and design. • Support safe water supply, gender-segregated toilet facilities and hygiene education for primary schools. • Encourage teaching/learning processes to ease transition from home to school. • Support child-centred learning for knowledge, skills, attitudes, values and behavioural change (rights, peace, democracy, management of 'risk behaviour'). • Support gender-sensitive and age-appropriate LSBE for children in school and out of school, with focus on HIV-AIDS prevention. • Improve education access and environment for children with disabilities. • Support inclusive pedagogy for 'slow' and 'gifted' learners; accelerated learning for overaged learners. • Monitor changes in social norms around violence (such as corporal punishment, bullying and gender-based violence). • Establish baselines and develop models	All regions and all programme countries, with a focus on LDCs; countries with low-enrolment rates and high gender gaps; and countries with a generalized HIV/AIDS epidemic. Some 54 countries with a generalized HIV/AIDS epidemic, particularly the 9 hyperendemic countries in Southern Africa.
7. Increase by 60% the number of programme countries with national quality standards for primary education based on 'child-friendly schools' (CFS) or similar models.	7.1. Number of programme countries adopting quality standards for primary education, based on CFS or similar models. 7.2. Number of programme countries with education sector plans that address issues of children affected by HIV and AIDS by 2011. 7.3. Number of countries undertaking gender audits of education sector plans (increase from 10 in 2008 to 40 by 2011). 7.4. Number of countries with policy and enforcement procedures against corporal punishment in schools. 7.5. Number of countries with environmental education or climate change adaptation plans integrated into national curricula. 7.6. Proportion of primary schools with adequate water supply and sanitation facilities for girls and boys (in 60 WASH priority countries).		

8. Promote locally based assessment services and support development of national standards for numeracy, literacy and life skills-based education (LSBE).	8.1. Proportion of learners attaining the national standards in numeracy, literacy and LSBE.	to make schools violence-free including through use of communication for behaviour change strategies. • Develop monitoring and evaluation (M&E) frameworks to assess changes in attitudes and behaviour toward violence in schools. • Build capacities of teachers and their support networks, with attention to gender issues and status, rights and duties of teachers. • Build capacities of learners and parents, as well as community, to participate in school governance and management. • Support codes of ethics for teachers' trust-building with communities, to strengthen safety and security of children. • Monitor orphan school attendance in countries most affected by HIV and AIDS pandemic. • Promote modern technological skills (especially information and communication technology [ICT]) and appropriate teaching methods. • Support education decentralization and capacity building. • Monitor in 30 countries implementation of formal LSBE curricula and the application of quality standards. • Measure and monitor learning achievements.	

Key result area 4: Restore education after emergencies and in post-crisis situations			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
9. Fully implement CCCs for early learning and education in declared emergencies, including cluster accountability and preparedness.	9.1. Estimated number of children reached in declared emergencies with education interventions. 9.2. Number of countries with education cluster coordination mechanisms.	• Conduct needs assessments at all stages of emergencies, transition and post-crisis reconstruction. • Set up safe (temporary) learning spaces with minimal infrastructure to ensure resumption of schooling. • Provide education and recreation kits, basic learning and ECD materials. • Conduct Back-to-School campaigns to rapidly enroll and resume basic education after rapid-onset emergencies, in chronic crises, transition and post-crisis contexts. • Promote resumption of formal schooling, as well as alternative non-formal options, and support reconstruction of education systems. • Support LSBE integrating issues, such as conflict resolution; peace education; hygiene; HIV/AIDS; prevention of sexual exploitation and abuse. • Co-lead education cluster coordination mechanisms. • Promote and support departments of education on emergency preparedness planning, development of appropriate policies, including disaster risk reduction (DRR). • Promote standards for safe and child-friendly schools as part of DRR, and post-crisis reconstruction. • Test new and innovative approaches to improve quality of education response in emergency and post-crisis contexts.	All countries affected by emergency, post-crisis and transition situations.
10. In emergency and post-crisis situations, children benefit from scaled-up UNICEF-facilitated education supplies (School-in-a-Box or other appropriate supply packages and ECD materials).	10.1. Number of affected children who benefited from UNICEF-facilitated emergency education supplies. 10.2. Number of children aged 3–8 years who benefited from UNICEF-procured ECD materials.		

Key partnerships

Key results area 1: Bilateral development agencies of donor countries are key partners; UNAIDS, UNESCO, WFP, World Bank; regional development banks; research organizations; HIV/AIDS organizations; Consultative Group for Early Child Care and Development; Association for the Development of Education in Africa (ADEA), Bernard van Leer Foundation, Child-to-Child Foundation, World Organization for Early Childhood Education (OMEP), World Education Forum.

Key results areas 2 and 3: Within 3-axis partnership framework (UNGEI, EFA, FTI): ILO; UNAIDS; UNESCO Institute for Statistics; UNFPA; WFP; World Bank; UNEP; regional development banks; NGOs; community-based organizations (CBOs), including faith-based groups; teachers' organizations.

Key results area 4: Humanitarian assistance agencies and development partners (UN Office for the Coordination of Humanitarian Affairs [OCHA], UNDP; UNHCR, WFP, ILO; UNESCO, NGOs, CBOs) and networks (including Inter-Agency Network for Education in Emergencies [INEE], Inter-Agency Standing Committee [IASC]); HIV/AIDS partners, UN Development Operations Coordination Office, Executive Committee on Humanitarian Affairs (ECHA), Executive Committee on Peace and Security (ECPS), UN peace-keeping missions; World Bank, regional development banks, Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC); the private sector.

Focus area 3: HIV/AIDS and children

Strategic intent – To put young children and adolescents at the centre of the HIV/AIDS agenda and build the capacities of Governments to halt and begin to reverse the spread of HIV/AIDS among children up to the age of 18 years.

Priority goal – MDG 6: Combat HIV/AIDS (Target 6.A: Halt by 2015 and begin to reverse the spread of HIV/AIDS).

Related goals and commitments – MDGs 1, 2, 3, 4 and 5; *A World Fit for Children* (Goal 4: Combating HIV/AIDS).

Key result area 1: Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive women receiving antiretroviral drugs (ARVs); increase the proportion of children receiving treatment for HIV/AIDS

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Number of new paediatric infections reduced by at least 40%[3].	4.1. Proportion of HIV-positive children.	• Support national efforts to coordinate and implement accelerated expansion of coverage, sustained uptake and improved efficiency of interventions in PMTCT programmes. • Access of HIV-positive mothers to care, support and treatment through 'PMTCT-plus' services and child-care points. • Gender-sensitive behaviour and social change communication to strengthen demand for services, including treatment preparedness and literacy. • Integration of PMTCT and paediatric treatment interventions into the Integrated Maternal, Newborn and Child, Health (IMNCH), child survival programmes and national health systems. • Improve access by children living with HIV/AIDS to quality care, support and treatment. • Improve access to and management of drug and diagnostic supplies, paediatric formulations and early infant diagnosis. • Advocate lower prices for polymerase chain reaction test kits for HIV diagnosis and for paediatric formulations. • Improve access to emerging technology for early infant diagnosis.	Priority to 54 countries with generalized epidemics (prevalence > 1% in the general population); and in countries with concentrated epidemics. Support will also be provided through procurement services.
2. At least 80% of HIV-positive pregnant women receive ARVs for PMTCT.	2.1. Proportion of HIV-positive pregnant women receiving ARVs for PMTCT.		
3. Ensure that the ratio of adults receiving ARVs matches the gender distribution of the epidemic.	3.1. Proportion of HIV-infected women receiving ARV treatment for their own health.		
4. At least 80% of children in need receive ARVs.	4.1. Proportion of HIV infected children receiving ART (subcomponent of MDG Indicator 6.5).		

[3] UNAIDS 2004 baseline: 640,000.

Key result area 2: Support national capacity to increase the proportion of children orphaned or made vulnerable by

Organizational target	Indicators	Areas of cooperation	Coverage focus
5. In high prevalence countries, increase to at least 30% the proportion of vulnerable children whose households received external care and support from non-family sources that supplement existing family-based activities.	5.1. Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years (MDG indicator 6.4). 5.2. In high prevalence countries, proportion of vulnerable children whose households received external support.	• Scaled-up actions to strengthen capacity of duty-bearers to care for, support and protect children orphaned or made vulnerable by HIV/AIDS; prolong parents' lives and improve their livelihoods, including development of gender-sensitive norms and standards. • Promote successful innovations to provide essential services to children affected and orphaned by HIV/AIDS, disseminate lessons learned, and expand knowledge and evidence based programming. • Support use of the National Policy and Planning Effort Index for Orphans and Vulnerable Children. • Support efforts (through bilateral support, PRS, SWAps and global funds) to finance and support national partners in implementing national plans and responses for children affected by AIDS.	Priority to 54 countries currently with generalized epidemics.

Key result area 3: Support reduction of adolescent risk and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services

Organizational target	Indicators	Areas of cooperation	Coverage focus
6. In all countries, support the development and implementation of national comprehensive prevention strategies for adolescents most at risk and those especially vulnerable.	6.1. Number of programme countries with comprehensive HIV/AIDS prevention strategies for adolescents most at risk.	• Evidence-based advocacy for legislative measures, policy instruments and strategies for programmes on children, adolescents and HIV/AIDS, with special attention to vulnerabilities of young women and girls and the roles of men and adolescent boys. • Advocacy, communication and social mobilization to promote a protective and enabling environment and strengthen measures to prevent or reduce stigma and discrimination; vulnerabilities associated with high-risk behaviour; gender inequalities; gender-based violence and gender stereotyping.	Strategies will be region- and country-specific and responsive to the stage of the epidemic and to the programmatic and financial contribution of other partners.
7. In countries with adult prevalence above 5%, at least 60% of adolescents, in school and out of school, have correct	7.1. Proportion of males and females aged 15–24 years (with sub-analysis for 15–19 year-olds) with comprehensive correct knowledge of		

information and relevant skills and services to reduce their risk and vulnerability to HIV.	HIV/AIDS (MDG indicator 6.3). 7.2. Proportion of males and females aged 15–19 who had sex before the age of 15. 7.3. Proportion of young women and men aged 15–24 who had sexual intercourse with more than one partner in the last 12 months. 7.4. Proportion of young women and men aged 15–24 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse (MDG indicator 6.2).	• Interventions to facilitate participation of adolescents, including those especially vulnerable and marginalized, in HIV prevention forums and activities. • In collaboration with partners, support national and sub-national programmes to provide age-relevant, gender-sensitive sexual and reproductive health information, skills and services, to reduce child and adolescent risk and vulnerability to HIV. • Support balanced and comprehensive prevention strategies, which promote abstinence, faithfulness, partner reduction and consistent condom use through school- and community-based life skills interventions; peer education and outreach; 'adolescent-friendly' health services; voluntary and confidential counseling and testing; outreach and referral; mass media and interpersonal communication interventions. All of these provide relevant information and education on sexuality, reproductive health, parenthood, substance abuse, the prevention and treatment of sexually transmitted infections (STIs), as well as other evidence-based measures to reduce adolescent risk and vulnerability to HIV infection; also support provision of post-rape care and post-exposure prophylaxis in emergency situations in countries with generalized epidemics. • Age- and sex-disaggregated assessment and analysis of risks and vulnerabilities to HIV infection of adolescent girls and boys aged 10–18 years in countries with emerging or generalized epidemics. • Increase awareness by UNICEF and partner organizations of the *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings*, and build their capacities to implement programmatic responses to HIV/AIDS in emergencies. • Help national governments develop and implement a male circumcision programme as	
8. In all countries, at least 30% of adolescents aged 10–18 years, in school and out of school, have correct information and relevant skills and services to reduce HIV risk and vulnerability.	8.1. HIV prevalence among young women aged 15–24 at antenatal clinics.		
9. In all emergency-affected countries, HIV risk and vulnerability to be included in rapid assessments and, where relevant, programme responses.	9.1. Number Of programme countries affected by emergencies with HIV risk and vulnerability included in rapid assessments.		

		part of a comprehensive messaging and prevention strategy. • Increase access to adolescent-friendly services and transmission prevention strategies for HIV-positive adolescents.	

Key partnerships

Bilateral development agencies of donor countries are key partners. UNICEF will continue to play a strong role in country-level UN Theme Groups; joint programming on HIV/AIDS; and the roll-out of the 'Three Ones'[4]. UNICEF will strengthen its role in leveraging resources and results from the GFATM, the World Bank Multi-Country HIV/AIDS Programme for Africa, the United States President's Emergency Plan for AIDS Relief; PRS; SWAps; and bilateral agencies for national programmes on children and HIV/AIDS. Children and adolescents will become increasingly important partners in programming and implementation.

UNICEF places high priority on its role as a cosponsor of UNAIDS, the main partner for all key result areas, including ongoing interaction and collaboration with other cosponsors and the UNAIDS secretariat. *Inter-agency task teams and working groups on HIV/AIDS*: UNICEF will continue engagement in forums convened by UNFPA (Young People and HIV); UNESCO (Education); the UN Office on Drug and Crime [UNODC] (HIV Attributed to Injection Drug Use and Within Prison Settings); as well as those convened by UNICEF (PMTCT and Children and AIDS). These mechanisms help coordinate and harmonize the work of UNAIDS cosponsors and other leading players and address gaps in programme knowledge. *UNAIDS reference groups:* UNICEF will continue to play an active role in monitoring and evaluation as well as estimates and projection.

Global Campaign for Children and AIDS: Many UNICEF country and regional offices and headquarters divisions, as well as UNICEF National Committees, will play a major role in this campaign, which aims to mobilize a wide range of partners in raising additional resources to support countries in reaching children orphaned or made vulnerable by HIV/AIDS.

Other vital partnerships: Technical Support Group on HIV Prevention Planning; Global Youth Coalition on HIV/AIDS; and the Global Partners Forum on Children Affected by HIV and AIDS, convened by UNICEF and the World Bank.

[4] "Three Ones": One national plan, one coordinating mechanism and one monitoring and evaluation framework in each country.

Focus area 4: Child protection from violence, exploitation and abuse

Strategic Intent – To place the protection of children from violence, exploitation and abuse more prominently on the development and humanitarian agendas of Governments, and make the protective environment more effective for all children.

Priority goal – The Millennium Declaration (especially Section VI).

Related goals and commitments – MDGs 1, 6, and 8; CRC and its Optional Protocols; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Beijing Declaration and Platform of Action; Protocol to Prevent, Suppress and Punish Trafficking in Persons; ILO Conventions 138 and 182; *A World Fit for Children* (Goal 3: Protecting against abuse, exploitation and violence); Stockholm Declaration and Agenda for Action and Yokohama Global Commitment; Geneva Conventions and Additional Protocols; the Rome Statute of the International Criminal Court; United Nations Standard Minimum Rules for the Administration of Juvenile Justice; Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

Key result area 1: Better national laws, policies, regulations and services across sectors to improve child protection outcomes, in particular justice for children, social protection systems, and services in place to protect, reach and serve all children, notably those identified as vulnerable to harm, marginalized, or in contact with the law

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. At least 60 programme countries have identified areas requiring strengthening in the national child protection systems through mapping[5].	1.1. Number of countries where areas requiring strengthening in national child protection systems have been identified through mapping of these systems.	• Mapping child protection systems. • Establishment of diversion, alternatives to deprivation of liberty and restorative justice programmes. • Capacity development for child-friendly justice systems. • Support legal and policy reform for incorporating child justice standards. • Institutional capacity building of law enforcement, justice and social welfare institutions for improved justice for children. • Child justice in transition situations. • Development, capacity building and support for community, NGO or government-targeted social safety nets aimed at reducing child vulnerability. • Support for community-based social services and communication approaches for reducing vulnerability and stigmatization of at-risk children and families.	All Programme countries.
2. Increase number of countries with improved systems of justice for children, including in transition situations.	2.1. Number of countries that use child-friendly and gender-appropriate investigation and court procedures. 2.2. Number of countries where children's issues are integrated into rule of law and internal security work, in line with the		

[5] Mapping: identifying services, service providers and legal or regulatory frameworks that are or need to be in place to prevent and respond to violence, abuse, exploitation and unnecessary separation from family.

	UN common approach to justice for children.	• Support legal/policy development and capacity building to improve practices in alternative care and protection of children and women from property dispossession and other forms of discrimination. • Care and support for children with disabilities to ensure full access to services, helping them reach full potential without stigma or discrimination. • Reduce stigma, discrimination through advocacy and sharing of lessons learned and best practices. • Legal and policy reform addressing violence against children. • Support registration, tracing, interim care, psychosocial support and reunion for separated and unaccompanied children in emergencies. • Capacity building of social work/social welfare sector to enhance availability and quality of gender-appropriate services and psychosocial support for vulnerable children and families. • Advocacy and capacity building for improved birth registration, especially of vulnerable groups.	
3. At least 60 programme countries, including emergency-affected countries, have improved systems, and implement programmes to prevent and respond to family separation.	3.1. Number and proportion of children not living with their parents. 3.2. Proportion of vulnerable children whose households receive free external support. 3.3. Number of countries that have policies on alternative care, in line with international standards/good practices. 3.4. Number of countries prohibiting violence against children by law. 3.5. Proportion of identified separated children in emergencies reunified or placed in family-based care arrangements.		
4. All programme countries with birth registration rates under 60% have administrative arrangements for free and universal birth registration.	4.1 Proportion of children under five years of age whose births have been registered.		

Key result area 2: Support development and implementation of social conventions, norms and values that favour the prevention of violence, exploitation, abuse and unnecessary separation for all children, whilst ensuring respect for their views and building on young people's resilience			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. Reduce social acceptance of practices harmful to children.	5.1. Number of countries that implement gender-sensitive programmes addressing social conventions and norms that contribute to violence, exploitation and abuse. 5.2. Proportion of children aged 2–14 years who experience physical punishment. 5.3. Proportion of women who believe a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses sex with him; (5) she burns the food (facilitate reduction from 51% to 45% in developing countries). 5.4. Proportion of women aged 15–49 years who have been mutilated/cut (facilitate reduction from 36% to 32% in sub-Saharan Africa). 5.5. Proportion of women aged 20–24 years who were married or in a union before they were 18 (facilitate reduction from 34% to 30% in developing countries).	• Support advocacy, awareness and communication approaches to address social norms related to child sexual abuse, exploitation and trafficking. • Advocate and promote participation of children and young people including girls and young women to prevent and monitor harmful practices and to develop support groups to tackle abuse, violence and exploitation. • Advocate for and support behaviour change communication to address intra-familial violence. • Advocate for and support behaviour change communication to prevent/address female genital cutting (FGC). • Support national capacity to develop policy and implement measures to delay child marriage in identified countries. • Support national capacity for gender-sensitive policies and effective measures against worst forms of child labour. • Support rehabilitation and social integration of girls and boys removed from worst forms of child labour, via free basic education or alternative education. • Strengthen corporate social responsibility for child protection.	All regions and countries in both industrialized and developing regions, as follow-up to the UN Secretary-General's Study on Violence against Children. Primarily in low- and lower-middle-income countries. Countries with high risk or prevalence of trafficking or sexual exploitation of children. Countries with significant female genital cutting or child marriage prevalence, including as a result of migration. Countries with high prevalence of worst forms of child labour.
6. All programme countries with significant child labour implement programmes to address the issue.	6.1. Proportion of children aged 5–14 years involved in child labour (facilitate reduction from 16% to 13% in developing countries).		

Key result area 3: Better protection of children from the immediate and long-term impact of armed conflict and natural disasters			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
7. Increased national capacity and preparation to address child protection in emergencies, including psychosocial support to children and families, as well as sexual and gender-based violence.	7.1. Number of countries that have incorporated child protection in emergency preparedness and response into national planning mechanisms. 7.2. Number of UNICEF country offices that supported training to government and non-government partners on child protection in emergencies, covering at minimum the child protection issues outlined in the CCCs. 7.3. Number of countries affected by emergencies that implement programmes to prevent and respond to sexual abuse and exploitation of children and women. 7.4. Number of countries affected by emergencies where an integrated psychosocial and mental health strategic plan is implemented, consistent with the IASC Guidelines on Mental Health and Psychosocial Support in Humanitarian Emergencies (MHPSS).	• Incorporate child protection in emergency preparedness and response into national planning mechanisms. • Advocate for and strengthen capacities to prevent sexual abuse and exploitation of children and women among military, humanitarian workers and others. • Strengthen advocacy and capacities to prevent and respond to sexual and gender-based violence in emergencies. • Child-friendly spaces and psychosocial support in emergencies. • Coordinate mine-risk education, advocate against the use of landmines and other indiscriminate weapons. • Prevent recruitment; facilitate release and reintegration of children, based on good practices.	All programme countries, including emergency-affected countries.
8. End the recruitment and use of children in armed conflict and	8.1. Number of conflict situations in which children are still being unlawfully[6] recruited or used by		

[6] Unlawful recruitment is "recruitment against commitments made in the Optional Protocol on the involvement of children in armed conflict or other relevant applicable commitment".

ensure their effective release and reintegration, taking into account gender-based differences in the situation of boys and girls.	armed forces or armed groups in apparent breach of international law.		

Key result area 4: Government decisions influenced by increased awareness of child protection rights and improved monitoring, data and analysis on child protection

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
9. At least 75 countries incorporate disaggregated baseline data on child protection indicators in national development plans and reports to the Committee on the Rights of the Child.	9.1. Number of country programmes that have (a) sex disaggregated data on child protection indicators for all age groups, including baselines; (b) institutional or administrative sources of data on child protection indicators. 9.2. Number of countries that include disaggregated child protection data in national development plans. 9.3. Number of countries that include disaggregated child protection data in their national reports to the Committee on the Rights of the Child.	• Routine and systematic data collection and analysis on key child protection indicators through national data collection systems. • Develop information systems and situation analyses on child protection. • Promote reporting on key indicators to policy makers, regional and international monitoring mechanisms and general public. • Child protection in national and sub-national plans and reports. • Strengthen capacities of UNICEF staff and partners (including children and adolescents) to conduct analysis and apply data and research on child protection. • Conduct rapid assessment of protection issues related to children and women in emergencies. • Facilitate or strengthen monitoring mechanisms through the Government and civil society in emergencies and regular situations, and advocate against, and report and communicate on, abuse, violence and exploitation.	LDCs, low- and middle-income countries and industrialized countries for some indicators. Emergency-affected countries. On monitoring and reporting, particularly countries affected by armed conflict.
10. Conflict-affected countries monitor and report on the protection of children.	10.1. Number of UNICEF offices in conflict-affected countries engaged in the monitoring and reporting mechanism on grave violations against children, in line with UN Security Council resolution 1612.		

Key Partnerships

National Systems Strengthening: Strategic partnerships will be built with UN agencies, country teams, international financial institutions and regional development banks to raise awareness of the linkages between child protection and positive development outcomes. At the global level, UNICEF will build on ongoing partnerships to develop a number of common positions: (a) children without parental care: through the Better Care Network and UNAIDS, among others; (b) justice issues: through ongoing inter-agency cooperation with the UN Rule of Law Coordination and Resource Group and the Inter-Agency Coordination Panel on Juvenile Justice. At the regional and country levels, UNICEF will seek partnerships with UN agencies, particularly UNODC on juvenile justice and UNDP on access to justice and informal justice systems; (c) legislative reform: through work primarily with the Inter-Parliamentary Union (IPU) and regional inter-parliamentary conferences. Opportunities to interact with national parliaments on child protection will be used for advocacy; (d) birth registration: through work with UNFPA, UN Statistics Division, World Bank, Bill and Melinda Gates Foundation, Plan International and World Vision. Support from the World Bank, UNDP, WFP, regional banks and key bilateral donors will be sought to improve resource allocations and help build capacities of ministries of social welfare and related institutions. At regional and country level, UNICEF will strengthen partnerships with UNODC for joint efforts in the area of bilateral, multilateral or sub-regional agreements on cross-border trafficking. On child labour, UNICEF partners with ILO and the World Bank (within the framework of Understanding Children's Work) in joint advocacy in favour of ratification of international instruments and action plans and implementation of strategies.

Supportive Social Consensus: At the global level, UNICEF will continue working with issue-based partnerships and networks with UN agencies, international NGOs, foundations, international financial institutions and CSOs. These include: (a) the Inter-Agency Group on Violence against Children, comprising UNICEF, Office of the High Commissioner for Human Rights (OHCHR), WHO, ILO and NGO Advisory Group members; (b) the International Society for Prevention of Child Abuse and Neglect (ISPCAN) network members; (c) the International Action Network on Small Arms (IANSA), members of the armed violence prevention and reduction initiatives (WHO, UNDP, UNODC, UNICEF, OECD-DAC, Viva Rio, IPU, Parliamentarians for Global Action, European Union, African Union), stakeholders in the implementation of the UN Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects; (d) Donors Working Group on FGM/C (comprising UNICEF, UNFIP, UNFPA, WHO, European Commission, World Bank, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Finland, Italy, Swedish International Development Cooperation Agency (SIDA), the Department for International Development (DFID) of the United Kingdom, United States Agency for International Development (USAID), Ford Foundation, Public Welfare Foundation, the Wallace Global Fund), UNFPA, Inter-Agency Group on FGM/C (comprising UNICEF, WHO, UNFPA, UNHCR, Human Rights Council, UNESCO, UN Economic Commission for Africa). At regional level, UNICEF will work with networks developed during the UN Study on Violence against Children consultation processes, in follow-up to the Study's recommendations. Political and religious leaders will be partners in promoting attitude change and supporting youth associations/groups, women's associations, professional associations and faith-based organizations for social mobilization. Civil society and human rights organizations, regional and national human rights mechanisms, intellectual leaders and the media will be partners in breaking the silence, raising awareness and influencing public opinion.

Emergencies: UNICEF will work primarily with UN agencies and international NGOs at the global level, through inter-agency mechanisms, to prepare joint guidelines and resource materials on various child protection issues. These include: (a) the Protection Cluster (Sub-Cluster on Child Protection comprises UNICEF, UNHCR, OHCHR, International Committee of the Red Cross (ICRC) [as observer], International Organization for Migration (IOM), Save the Children Alliance, Innocenti Research Centre (IRC), Terre des hommes foundation (TDH), Christian Children Fund (CCF), World Vision, Women's Commission for Refugee Women and Children); (b) the IASC task forces on HIV in

humanitarian situations, on mental health and psychosocial support in emergency settings, and on gender-based violence; (c) the Cluster Munition Coalition (CMC); (d) Coalition to Stop the Use of Child Soldiers; (e) Inter-Agency Coordination Group on Mine Action, International Campaign to Ban Landmines; (f) UN Action against Sexual Violence in Conflict; (g) Multi-Country Demobilization and Reintegration Program Trust Fund (MDRP).

Evidence Building and Knowledge Management: Partners in strengthening data collection and systems will include UN agencies (UNODC, ILO, UNFPA, WHO, UN Statistics Division), the World Bank, CDC and research institutions. At regional and national levels, UNICEF will work primarily with regional organizations, national statistical offices, ministries of social welfare and research institutions.

Convening and catalyzing agents of change: Child protection interventions will build on partnerships with UN agencies, international financial institutions, national Governments, civil society, the private sector and faith-based communities. Building on the success of individual partnerships and initiatives, such as the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism, a broader dialogue with the private sector will be pursued. Efforts will go towards encouraging corporate social responsibility for child protection goals in both industrialized and developing countries, and in emergencies.

Focus area 5: Policy advocacy and partnerships for children's rights

Strategic intent – Governments, CSOs, parliamentarians and other partners at the national and international levels work together to develop and implement social and economic policies, legislative measures and budgetary allocations that advance the realization of children's and women's rights and gender equality.

Primary goal – CRC, particularly Articles 2 (emphasis on non-discrimination); 4 (States parties commit to undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention); 12 (the child who is capable of expressing his or her own views shall have the right and be accorded the opportunity to express them freely); and 42 (principles and provisions of the Convention are to be made widely known to children and adults alike).

Related goals and commitments – MDGs 1 and 8; CEDAW, particularly Article 2 (defining the principle of discrimination, and complementing Article 2 of the Convention on the Rights of the Child); the Millennium Declaration, especially paragraphs I.2 (recognizing "a collective responsibility to uphold principles of human dignity, equality and equity at the global level [and] … a duty to all the world's people, especially the most vulnerable, and in particular the children of the world…"); III.20. (resolving to "promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable"); and V.25 (ensuring governance processes that allow for genuine participation by all citizens, including children…and young people); CRC, particularly Articles 13 (right to freedom of expression); 15 (right to freedom of association); and 17 (right to access information and to the media) in relation to the promotion of child participation.

Key result area 1: Support national capacity to collect and analyse strategic information on the situation of children and women

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
1. Support the compilation of up-to-date data, information and knowledge on children and women.	1.1. Number of countries supporting DevInfo or comparable tools for monitoring and reporting on data relevant to children.	• Support monitoring of Millennium Declaration and MDGs. • Develop tools and support capacities in national statistical agencies for sex- and age-disaggregated data collection, routine information systems, opinion polls and other monitoring and reporting systems on children's and women's rights. • Support analysis of data trends and disparities among women and children, including those with disabilities, at country, regional and global levels. • Support knowledge acquisition, management, access, sharing and use; promote knowledge culture in UNICEF.	All countries and regions, including industrialized countries for some indicators.
2. Support the disaggregation of data, to reflect existing disparities and to focus on marginalized populations.	2.1. Number of programme countries with national household survey data, collected within preceding 5 years, covering at least 70% of set of key indicators, and based on established variables for disaggregation.		
3. With partners, using improved internal	3.1. Number of UNICEF country offices with knowledge management		

knowledge management systems, establish knowledge banks facilitating access to data on children and women.	systems developed and in use (including internet and intranet sites, access to external databases, access to e-journals, library and records management systems).	• Facilitate consultations at local and national levels, involving children and women, to develop reports to the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. • Support MICS, children's modules in DHS, census and other data collection systems. • Support dissemination of aggregated and disaggregated data on women and children, including those with disabilities. • Further develop, update and disseminate DevInfo databases with national partners and the UN system, including an emergencies module. • Support development and use of national databases for monitoring CRC/CEDAW and PRSs. • Produce reports using data and analyses at national, regional and global levels to help identify gaps for budgeting, programming and achievement of the MDGs and the Millennium Declaration.	
4. Support timely national reporting on the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).	4.1. Number of UNICEF country offices supporting the most recent CRC and CEDAW reporting processes. 4.2. Proportion of country programme documents submitted to the Executive Board that make reference to concluding observations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and that include activities to support their implementation.		

Key result area 2: Research and policy analysis on children and women, with special consideration of child poverty and disparities, social budgeting, social protection, decentralization, migration, and legislative reform for CRC/CEDAW implementation

Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
5. With partners, generate and disseminate high-quality research and analysis, addressing the implications of international policy frameworks, national legislation and public policies for the rights of women and children.	5.1. Number of countries with regularly updated situation analyses of the realization of child and women's rights and of the impacts of policies on children and women. 5.2. Number of UNICEF country offices and regional offices carrying out national or multi-country thematic analyses (poverty/disparities, social protection, social budgeting,	• Support and contribute to global and regional analyses, national plans, reporting on CRC/CEDAW and related policy frameworks. • Support to national emergency preparedness and response plans which integrate children's and women's issues. • Support comprehensive research and analysis of the realization of children's and women's rights; vulnerability analysis; causes of underlying trends and disparities (including gender) at various levels of duty-bearers.	All countries and regions, including industrialized countries for some themes.

	decentralization, migration, legal reforms and economic or humanitarian crises affecting MDG outcomes), using a human rights and gender analysis framework. 5.3. Number of countries with State/CSO jointly-managed budget analysis and monitoring systems to promote improved resource allocations for the progressive realization of children's and women's rights, and for the promotion of gender equality. 5.4. Number of global thematic studies and reports (including *The State of the World's Children*, IRC reports).	• Identify knowledge gaps, undertake/support research and develop position papers and publications on themes and emerging issues of concern (with emphasis on marginalized children, the poorest families and conflict prevention and response). • Support partners to analyze impacts on children, women and gender equality of current and proposed policies, budgets and legislative and administrative reforms. • Identify and develop policy/legislative options and recommendations, based on human rights principles, comparative analysis of public policy, as well as national, regional and global best practices. • Prepare periodic syntheses, studies and public advocacy reports, including *The State of the World's Children*. • Build capacities, including within UNICEF, for research and policy analysis relevant to children and women; implement a knowledge management strategy to support this capacity.	Selected countries in all regions and globally. Global and regional levels; progressive development in all countries.

Key result area 3: Policy advocacy, dialogue and leveraging			
Organizational target	*Indicators*	*Areas of cooperation*	*Coverage focus*
6. Leverage knowledge and resources for children and gender equality through policy advocacy and dialogue with key decision makers at all levels, with participation of young people, in partnership with other concerned agencies and organizations. Based on the evidence and analysis generated,	6.1. Number of countries carrying out reforms for children and women at the macro level (legislative, policy or institutional environment). 6.2. Number of countries with PRS or national development or transition plans that address key challenges for children, women and gender equality.	• Provide evidence-gathering, research, analysis and international good practices (on children's and women's rights and gender equality) to international forums, and national planning, implementation and monitoring processes (including PRSs, SWAps and post-conflict transition plans). • Support to participatory policy advocacy networks to influence national, regional and global debates in order to promote attention to children and women and increase resource allocations.	All countries and regions, including industrialized countries.

promote improved resource allocations and enhanced investments for children.		• Develop national and civil society capacity for budget monitoring, and monitoring, reporting and communication on CRC and CEDAW. • Civic education and communication strategies to promote gender equality, peaceful resolution of conflict, democratic dialogue and respect for human rights.	
7. Increase awareness of child vulnerability to economic, social and environmental conditions, and promote various social protection measures (including income and non-income support) at the country level.	7.1. Number of references to the *State of the World's Children,* and number of times the word 'UNICEF' appears, in major policy journals. 7.2. Proportion of vulnerable children receiving free external support.		

Key Result Area 4: Enhanced participation by children and young people			
Organizational Target	*Indicators*	*Areas of cooperation*	*Coverage focus*
8. Enable partners to take the opinions and views of girls and boys into account – based on their evolving capacities – in all matters that affect their lives in policies and programmes.	8.1. Number of countries in which children's views are systematically sought (through opinion polls or other representative surveys; focus group discussions conducted with girls, boys and young people, especially in marginalized or high-risk situations) and disseminated.	• Solicit data/information from children and young people on issues affecting their lives. • Raise awareness and promote positive attitudes and practices in families, schools and communities on children's and adolescents' rights to participation, in accordance with their evolving capacities, including attention to ethical standards and processes and issues of gender equality. • Support the integration of children's participation as a regular feature in local institutions, with special focus on girls. • Promote opportunities for equitable participation of girls and boys and young people in design and implementation of policies, especially in poverty and crisis situations and addressing disability issues.	All countries and regions.
9. Promote positive and holistic adolescent development by enhancing the knowledge, skills and capacities of adolescent boys and girls, enabling a smooth transition from childhood to adulthood.	9.1. Number of countries with institutional mechanisms, at local, sub-national and national levels, for sustained engagement of children and young people in policy development or programme development.		

10. Enhance girls' and boys' civic engagement in community development for social change – with special attention to situations of conflict and crisis.	10.1. Number of countries with young peoples and civil society participation in policy review and recommendations. 10.2. Number of countries with programmes to promote positive adolescent development during transition to adulthood.		

Key Partnerships

Bilateral development agencies of donor countries are key partners. Within the context of the Common Country Assessment (CCA), UNDAF and national policies, UNICEF will support knowledge generation, as well as national and international debate and dialogue among a broad range of government and civil society partners on economic, social and cultural issues relevant to the realization of children's and women's rights, with a special focus on institutions and groups representing decision makers, as well as those who (a) influence public opinions and beliefs; (b) advise on economic and social policies and budgets; or (c) represent the voice of society, children and young people.

Partners at the national level include governmental agencies and institutions, parliamentarians, academic and research institutes, the media, NGOs, community-based professionals and CSOs, women's organizations (including children's and young people's networks), UNCTs and the World Bank.

Partners at the regional level include regional bodies, intergovernmental organizations, NGOs and research/policy networks.

At the international level, UNICEF will continue to work closely (and expand its partnerships) with other UN agencies, the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, the World Bank and other international financial institutions, international NGOs, as well as policy, research and academic institutions in all regions.

Alliances will be strengthened with global movements and campaigns that aim to reduce poverty, promote social justice, gender equity and achievement of the MDGs and the Millennium Declaration.

Annex II

Part 1: Integrated monitoring and evaluation framework

Category	*Scope or time frame*	
Global reporting or monitoring efforts Special or recurrent reporting efforts that affect policies of UNICEF, Governments or other development partners. These require major resources.	**Support to State Parties or multilateral reports** 1. MDG reports *(periodic)*. 2. CRC reports *(periodic)*. 3. EFA monitoring *(periodic)*. 4. Reports on follow-up to Special Session on HIV/AIDS *(annual)*. 5. Countdown to 2015 Global report *(periodic)*. 6. PMTCT and Pediatric HIV Report Card *(periodic)*.	**UNICEF-led data collection or review efforts** 1. Data Companion to the Annual Report of the Executive Director *(annual)*. 2. Multiple Indicators Cluster Surveys *(2009-2010)*. 3. Review of MTSP *(2010)*. 4. Child Injury Prevention Report. 5. Global Study on Child Poverty.
Programmatic evaluations To determine if a programming strategy central to MTSP success has (a) an evidence basis of impact or (b) is being implemented with high levels of effectiveness. These use well-developed examples of UNICEF programming in a range of countries.	**2008-2009** 1. Immunization co-financing *(focus area 1)*. 2. Multiple micronutrient supplements — delivery strategies and impact on infectious diseases *(focus area 1)*. 3. Comprehensive and integrated follow-up of HIV-exposed infants after delivery *(focus areas 1 & 3)*. 4. Enhancing school readiness through child-to-child programmes *(focus area 2)*. 5. UNGEI partnerships — good practices *(focus area 2)*. 6. Evaluation of child-friendly schools strategy *(focus area 2)*. 7. Evaluation of education in emergencies and post-crisis transitions *(focus area 2)*. 8. Effectiveness of community-based ECD centres *(focus area 2)*. 9. Impact of linking social welfare services and cash transfers with school systems *(focus area 4)*. 10. Mine risk education impact evaluation *(focus area 4)*. 11. Strengthening national capacity development for humanitarian action *(cross-cutting)*.	**2010-2011** 1. Evaluation of the catalytic initiative *(focus area 1)*. 2. Integrated community case management of malaria, pneumonia, and diarrhoea *(focus area 1)*. 3. Treatment of acute malnutrition programmes *(focus area 1)*. 4. Impact evaluation of water supply, sanitation and hygiene programmes in the East Africa region *(focus area 1)*. 5. Evaluation of the school fee abolition initiative *(focus area 2)*. 6. Support to developing and Implementing Social Policies for ECD *(focus area 2)*. 7. Integration of PMTCT components into MNCH services in rural and urban settings *(focus areas 1 & 3)*. 8. Evaluation of fostering social and behavioural change related to HIV prevention in adolescents *(focus area 3)*. 9. Outcomes of cross-border anti-trafficking agreements *(focus area 4)*.

	12. Impact of UNICEF tsunami programming in affected countries *(cross-cutting)*.	10. Effectiveness of UNICEF work in policy advocacy and partnerships *(focus area 5)*. 11. Strengthening gender equality programming in humanitarian action *(cross-cutting)*.

Category	2008-2009	2010-2011
State of knowledge assessments Knowledge building efforts are important for developing effective future strategies. These will include rigorous efforts to assess lessons learned by other partners.	1. Patterns and policy implications of health inequalities *(focus area 1)*. 2. Cost-analysis of programmes for PMTCT *(focus areas 1 & 3)*. 3. Making budgets work for children *(focus area 5)*. 4. Civic engagement: new thinking and methodological innovation in social change approaches to development *(focus area 5)*. 5. Children's issues in urban environments: a global situation analysis *(cross-cutting)*.	1. How aligning pre-school and primary school grades 1-3 affects learning achievement *(focus area 2)*. 2. Economic returns of investment in quality basic education *(focus area 2)*. 3. Access to informal justice systems and implications for human rights and children's rights *(focus area 4)*. 4. Impact of global environmental change on children, and potential responses at all levels *(cross-cutting)*.
Corporate-level topical or operational effectiveness evaluations To determine if (a) the cross-cutting programming theme is successful or (b) the organization is internally efficient. These require a well developed set of examples from lengthy corporate engagement.	1. Institutional Options for DEVINFO. 2. UNICEF in Global Programme Partnerships. 3. UNICEF Corporate Partnerships.	1. Going to scale on the basis of pilot programmes. 2. UNICEF capacity strengthening for emergencies. 3. Organizational performance in human rights-based approach to programming.

Part 2: Key performance indicators

Key performance indicator	Baseline or latest	Target (2011 unless stated)
Human Resources		
% of recruitment actions (closing date on advertisement to date of offer letter) completed within 90 days for established IP posts.	33% (2007)	75%
% requests for surge capacity support (formal CO request to arrival of staff member in country) met within 56 days (in accordance with CCCs in emergencies).	65% (2007)	80%
% staff identifying themselves as satisfied with the UNICEF workplace, as per global staff survey.	Not available	80%
% PERs signed by required parties and closed by end of February the following year.	62% (2007)	90%
% of total staff costs (SB and RR) spent on learning and staff development.	1.4% (2004)	3%
% staff who spent at least 10 working days on planned learning.	36% (2004)	64 %
Number of staff successfully completing Basic, Programme Excellence (P.E.) and the Leadership and Management (L & M) Learning Programmes.	Basic 2310 (2007) P.E. 670 (2007) L & M 31 (2007)	400 per year 300 per year 150 per year
% women staff at P/L 5 levels and above, globally.	40% (2007)	50%
Finance		
Management/administration/programme support costs: total regular resources and other resources.	19.7% (2004)	17.5% (2009)
% allocated regular resources for programme expended at the end of each year.	91% (2004)	95% (2009 onwards)
% outstanding direct cast transfers to national partners above nine months.	8% (2004)	5% (2009 onwards)
Information and Communication Technology		
% increase in UNICEF staff productivity through use of modern Enterprise Content Management system.	Baseline to be set through third-party assessment at the end of 2008.	10% increase by 2011
% of emergencies wherein IT services requested are provided as per standards established in the proposed revision of CCCs in emergencies.	To be set in 2008	85%
% Service Level Agreement targets are met or exceeded.	To be set in 2009	At least 90% for each year
Supply		
% programme countries in which UNICEF supports national partners producing a plan to address shortages of essential commodities.	21 (2007)	At least 75% of LDCs
% programme countries with updated logistics capacity assessment.	TBD	At least 80% of LDCs

% orders delivered at port of entry at or within agreed target arrival dates.	55% (2006)	95%
% rapid response orders shipped within 48 hours of sales order release.	86% (2006)	95%
Programme Oversight		
% country offices with annually updated Emergency Preparedness and Response Plan.	81% (2004)	100%
% new CPDs approved by the Executive Board that meet organizational standards for application of human rights based approach.	TBD	75%
% new CPDs approved by the Executive Board that meet organizational standards for application of gender mainstreaming.	TBD	75%
% country programmes for which a gender review and self assessment undertaken.	< 5% (2004)	70%
% new CPDs approved by the Executive Board that meet organizational standards for results based management.	TBD	90%
% CPDs that include clearly articulated strategy for use of Communication for Development, with focus on behaviour and social change to achieve results for children.	TBD	100%
Knowledge management i) Number of lessons learned, vetted and accessed ii) Number of 'communities of practice' created as per established guidance.	TBD TBD	100 (2009) TBD
Number of documented cases of UNICEF support to South-South Cooperation.	TBD	TBD
Number of countries using UNICEF procurement services to procure supplies for children and their families.	approx. 100	
Programme funding		
% donor reports submitted on time.	62% (2004)	85%
Per-capita contribution to UNICEF compared with GNI per capita and level of regular resources (OECD/DAC and EU member states).	Comparative table	Comparative table
Income (millions of US $): Regular resources (RR) / Other resources-regular (OR-R) / Other resources-emergencies (OR-E).	2004: 791 / 796 / 391	As per financial plan
% of OR-R and OR-E that is thematic funding.		TBD
Fundraising (in US$ millions) by each thematic area.		TBD
UN Coherence		
% CPDs with results matrices aligned to UNDAF results matrix.		
Number of UNICEF staff serving as Resident Coordinator (M/F).	12 (2008)	
% programme funds expended on annual workplans that are jointly funded by at least one other UN agency.	5.3% (2007)	TBD

Risk Management Practices and Evaluations		
General compliance with Institute of Internal Auditors (IIA) standards based on periodic independent quality reviews of internal audit function.	Partial compliance (2007)	General Compliance (2009 onwards)
Number of offices/divisions with Audit recommendations outstanding for over 18 months.	TBC	
% complaints investigated and closed within six months.	TBC	100%
% Corporate evaluations with a formal management response.	80% (2006)	100%
% Evaluations rated as satisfactory or better using UN standards.	84% (2006)	90%